

Kentucky Department of Education
Nutrition and Health Services
5TH Floor, C.P.T., 500 Mero St.
Frankfort, KY 40601
Fax: (502) 564-8819

SUMMER FOOD PROGRAM REPORT AND CLAIM FOR REIMBURSEMENT

STATE AGENCY USE ONLY

TYPE OF SPONSOR

School _____ Non-Profit _____
Residential _____ NYSP _____
Government _____ Homeless _____

Sponsor Name: _____

Sponsor Address: _____

Sponsor Number: _____

Claim Period
Covered

MONTH

--	--

(2)

YEAR

--	--	--	--

(3)

Number
of Sites

--	--

(4)

Total Days
Food Served
During Month

--	--

Average Daily
Participation

--	--	--	--	--

(5)

Food Service by Type to Eligible Children Only
(Report only meals meeting requirements)

Food Service by Type to Adults Only
(Total number of meals served)

Adults Working in Program

All Other Adults

6. Breakfast

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11.

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16.

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7. Lunch

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12.

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17.

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8. Supper

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13.

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18.

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9. Supplement

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14.

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19.

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TOTAL

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15.

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20.

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INCOME TO FOOD PROGRAM-Funds Received During Month From: (Round to nearest dollar, do not use cents)

21. Adult Payments for meals (Program and Non Program Adults Only) if a charge is made (line 11-14)

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22. Federal grant monies (do not include Federal Reimbursement received from NHS) used to pay food cost

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23. Non-Federal monies received from State, County or local governments, if someone or organization give you money

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24. Cash donations or grants from benevolent organizations or individuals, if someone or organization gives you money

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25. Interest earned (if any) on Federal advanced payments

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26. TOTAL

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TOTAL OPERATING COST – Allowable Expenditures During the Month for: (Round to nearest dollar, do not use cents)

27. Cost of Food and Milk used during month

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28. Program Labor (Wages for days worked during the month)

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29. Cost of Nonfood supplies used and expendable kitchen equipment

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30. Facility Service Cost

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31. Transportation of Children (RURAL SPONSORS ONLY)

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32. TOTAL (Items 27 through 31)

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33. Administrative Cost

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I certify that the information on this claim is true and correct to the best of my knowledge. The records are available to support this claim. That it is in accordance with the items of the existing agreement and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and Federal criminal statutes.

Signature of Sponsor	Title	Date	Areal Code and Phone Number ()
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STATE AGENCY USE ONLY

34. Advance Funding for Program Cost for _____(Month)

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35. Advance Funding for Administrative Cost for _____(Month)

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INSTRUCTIONS FOR COMPLETING CLAIM FOR REIMBURSEMENT

Report data for one calendar month only. Amount of payment will be computed by State Agency using claiming percentages. Your claim will be returned for correction if not properly completed. Ensure that you round all amounts to the nearest dollar and that the claim is signed.

All reports/claims should be entered online (https://cdcbps.ky.gov/NHS_Main/entry) or faxed (502/564-8919) to the State Agency within 15 days of the close of the month (payments are processed at 12:00 am, if the 16th falls on week-end or state holiday, payment will process on next business day).

INDIVIDUAL ITEM INSTRUCTIONS:

- Item (1) Print the nine (9)-digit sponsor number, name and address.
- Item (2) Enter two (2) digits for month and two digits for year for which claim is applicable.
- Item (3) Enter total number of sites operating during the month.
- Item (4) Enter total number of days food service was provided during the month.
- Item (5) Enter Average Daily Participation during the month.

FOOD SERVICE BY TYPE TO PARTICIPANTS ONLY:

- Item (6) Enter total number of Breakfasts served to participants during the month if these meals meet USDA requirements.
- Item (7) Enter total number of Lunches served to participants during the month if these meals meet USDA requirements.
- Item (8) Enter total number of Suppers served to participants during the month if these meals meet USDA requirements.
- Item (9) Enter total number of Supplements served to participants during the month if these meals meet USDA requirements.
- TOTAL Enter total of items (6), (7), (8), and (9).

FOOD SERVICE BY TYPE TO PROGRAM ADULTS ONLY:

- Item (1) Enter total number of Breakfasts for the month served to program adults who performed necessary labor in support of the Program.
- Item (12) Enter total number of Lunches for the month served to program adults who performed necessary labor in support of the Program.
- Item (13) Enter total number of Suppers for the month served to program adults who performed necessary labor in support of the Program.
- Item (14) Enter total number of Supplements for the month served to program adults who performed necessary labor in support of the Program.
- Item (15) Enter total of items (11), (12), (13), and (14).

FOOD SERVICE BY TYPE TO NON-PROGRAM ADULTS ONLY:

- Item (16) Enter total number of Breakfasts for the month served to non-program adults who did NOT perform any necessary labor to support the Program.
- Item (17) Enter total number of Lunches for the month served to non-program adults who did NOT perform any necessary labor to support the Program.
- Item (18) Enter total number of Suppers for the month served to non-program adults who did NOT perform necessary labor in support of the Program.*

- Item (19) Enter total number of Supplements for the month served to non-program adults who did NOT perform any necessary labor to support the Program.
- Item (20) Enter total of items (16), (17), (18), and (19).

***INCOME TO FOOD PROGRAM**

- Item (21) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (22) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (23) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (24) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (25) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (26) Enter a zero (0) due to the Simplified Summer Procedure.

***TOTAL OPERATING COST**

- Item (27) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (28) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (29) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (30) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (31) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (32) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (33) Enter a zero (0) due to the Simplified Summer Procedure.

Sign, enter: Title, Date, and Phone Number. Fax Corrected Action Plan and Corrected Claim to (502) 564-5519.

***Due to USDA Simplified Summer Claims, sponsors are not required to complete these sections when submitting a claim online. However, records must be kept on file for audit/review purposes.**